

Minnesota State University, Mankato
School of Nursing
Pre-Licensure Program
Nursing Student Confidentiality Agreement

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of the clinical facilities where I care for patients. I understand that Confidential and Private Information is protected in every form, such as written and/or electronic records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future policies and procedures of the clinical agencies to protect the confidentiality of Confidential and Private Information. I agree not to share confidential information through electronic means, such as texting, Facebook ©, Twitter ©, Instagram ©, Snapchat ©, and other such sites. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential and Private Information with another individual. This includes patient/family information provided to me during simulations.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree not to allow any other person, except those authorized by the clinical agency, to have access to the clinical agency information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the clinical agency's information system or records.

I agree that my obligations under this Agreement continue after my role as a student ends.

Student Signature: _____

Date: _____

Print Name: _____